

SERIAL NUMBER 09/474,359	FILING DATE 12/29/99	CLASS 386	GROUP ART UNIT 2712	ATTORNEY DOCKET NO. INTL-0294-US						
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">APPLICANT</div> <div>           JEFF C. MORRISS, CORNELIUS, OR.    <div style="margin-top: 100px;">             1-30-02              SAT           </div> <div style="margin-top: 100px;">             1-30-02              SAT           </div> </div> </div> <div style="margin-top: 20px;"> <b>**CONTINUING DOMESTIC DATA*****</b>          VERIFIED       </div> <div style="margin-top: 20px;"> <b>**371 (NAT'L STAGE) DATA*****</b>          VERIFIED       </div> <div style="margin-top: 100px;"> <b>**FOREIGN APPLICATIONS*****</b>          VERIFIED       </div> <div style="margin-top: 100px;">         1-30-02          SAT       </div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/00										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met           <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no           </div> </td> <td style="width:15%; padding: 2px;"> <input type="checkbox"/> Met after Allowance           </td> <td style="width:10%; padding: 2px;">           STATE OR COUNTRY            OR         </td> <td style="width:10%; padding: 2px;">           SHEETS DRAWING            4         </td> <td style="width:10%; padding: 2px;">           TOTAL CLAIMS            24         </td> <td style="width:10%; padding: 2px;">           INDEPENDENT CLAIMS            3         </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no           </div>	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">ADDRESS</div> <div> <del>TIMOTHY N TROP</del>  <del>TROP BRUNER HWY 6 MILES PG</del>  <del>8554 KATY FREEWAY STE 100</del>  <del>HOUSTON TX 77024</del> </div> <div style="margin-left: 20px; font-size: 1.5em;">             #21906           </div> </div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">TITLE</div> <div>           SKEW CORRECTION CIRCUIT         </div> </div>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">           FILING FEE RECEIVED             \$690         </td> <td style="width:40%; padding: 5px;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            NO. _____ for the following:         </td> <td style="width:40%; padding: 5px;"> <div style="display: flex;"> <div style="margin-right: 5px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees (Filing)  <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)  <input type="checkbox"/> 1.18 Fees (Issue)  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit             </div> </div> </td> </tr> </table>					FILING FEE RECEIVED  \$690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex;"> <div style="margin-right: 5px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees (Filing)  <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)  <input type="checkbox"/> 1.18 Fees (Issue)  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit             </div> </div>			
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